

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 19 1957

44723

STATE FILE NUMBER

Registration District No.

146

Primary Registration District No.

5-568

Registrar's No.

538

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|---|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Twp. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 609 Ash | | Length of stay in 1b 18 yrs. | | d. STREET ADDRESS (If outside, give location) 609 Ash | | Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First MIDDLE Last GEORGE GILLESPIE | | | | 4. DATE OF DEATH Month Day Year Dec. 6, 1957 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Dec. 27, 1886 | |
| 9. AGE (In years less birthday) 70 | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Employee | | 10b. KIND OF BUSINESS OR INDUSTRY Ford Mtr. Co. | | 11. BIRTHPLACE (City and state or country) New Lancaster, Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME unknown | | | | 14. MOTHER'S MAIDEN NAME unknown | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. 486-05-3083 | | 17. INFORMANT Address Edward Gillespie, 3802 Phelps Rd., Indep, Mo. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary occlusion</u> <u>Coronary Sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Aortic & mitral Sclerosis</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>5 years</u> | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>1945</u> to <u>1957</u> and last saw <u>her</u> alive on <u>12-5-57</u> Death occurred at <u>9:30 P.</u> <u>m</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Deleg or fil) <u>Fred W. Dink</u> | | | | 22b. ADDRESS <u>10229 Independence, Mo.</u> | | 22c. DATE SIGNED <u>12-7-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial De | | 23b. DATE Dec. 9, 1957 | | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery | | 23d. LOCATION (City, town, or county) (State) Raytown, Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS George C. Carson, Independence, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 12-9-57 | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1958

RECEIVED
DEC 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *R. Kenneth Potter*

Licensed Embalmer No. *4697*

P. O. Address *Indianapolis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.